WAYS AND MEANS

Special Need Plans Reauthorization Act of 2017 (H.R. 3168)

Section-by-Section

Section 1: Specialized Medicare Advantage Plans for Special Needs Individuals

Extension of Authority
Permanently reauthorizes Institutional Special Needs Plans (I-SNPs) and reauthorizes Chronic Condition Special Needs Plans (C-SNPs) and Dual Eligible Special Needs Plans (D-SNPs) for five years.

Increased Integration of Dual SNPs
Designates the Federal Coordinated Health Care Office (often called the Duals Office)as the dedicated point of contact for States to address misalignments that arise with the integration of care for D-SNPs. Further, the Federal Coordinated Health Care Office is made responsible for establishing a uniform process for disseminating information to State Medicaid agencies and for establishing basic resources for States interested in exploring D-SNPs as a platform for integration of Medicare and Medicaid benefits.

Unified Grievances and Appeals Process
No later than April 1, 2020, the Secretary of Health and Human Services (Secretary) shall establish, with stakeholder input, procedures to unify grievances and appeals procedures for items and services covered by D-SNPs. The Federal Coordinated Health Care Office will be responsible for developing regulations and guidance related to the implementation of a unified grievance and appeals process. The newly established unified grievances and appeals process is required starting in contract year 2022. The procedures established are required to be included in the plan contract and must adopt provisions that are: (1) most protective for the enrollee; (2) take into account differences in State Medicaid plans; (3) be easily navigable by an enrollee; (4) continue benefits pending appeal; and (5) include the following elements:

- A single written notification of grievance and appeals rights;
- A single pathway for resolution of any grievance or appeal;
- Notices written in plain language and an accessible format;

- Unified timeframes for grievances and appeals processes; and
- Requirements for how the plan must process, track, and resolve grievances and appeals to ensure beneficiaries are notified in a timely manner of decisions made throughout the process.

Requirements for Full Integration for Certain Dual SNPs
D-SNPs are required to integrate their Medicare-Medicaid benefits by 2022 in one of three ways: (1) meet the requirements to be considered a Fully Integrated Dual Eligible (FIDE) SNP; (2) enter into a capitated contract with the State Medicaid agency to provide long-term services and supports or behavioral health services, or both; and (3) enter into another type of integration arrangement as determined appropriate by the Secretary. This section gives the Secretary the authority to suspend enrollment, suspend payment, or levy a civil monetary penalty on the plan in lieu of plan termination if the D-SNP is not fully integrated under one of these three pathways. The Federal Coordinated Health Care Office will be responsible for developing regulations and guidance related to the integration or alignment of policy and oversight regarding D-SNPs.

Improvements to Severe or Disabling Chronic Condition SNPs
Starting in 2020, C-SNPs are required to include the following:

- An interdisciplinary team of providers with demonstrated expertise in treating individuals similar to the targeted population of the plan;
- Requirements developed by the Secretary to provide a face-to-face encounter with the individual enrolled in the plan at least once a year;
- As part of the model of care, the results of the initial assessment and annual reassessment of each individual enrolled in the plan are addressed in the individual's individualized care plan;
- As part of the annual evaluation and approval of the model of care, the Secretary shall take into account whether the plan fulfilled the previous year's goals; and
- The Secretary shall establish a minimum benchmark for each element of the model of care of a plan. The Secretary shall only approve a plan's model of care if the minimum benchmark is met.

Revisions to the Definition of a Severe or Disabling Chronic Conditions Specialized Needs Individual
Starting in 2022, Medicare beneficiaries that qualify for a C-SNP will be required to: (1) have one or more comorbid and medically complex chronic condition that is life threatening or significantly limits overall health or function; (2) have a high risk of hospitalization or adverse health outcomes and require intensive care coordination; and (3) be on a list of conditions established by a panel of clinical advisors.

List of Conditions for Clarification of the Definition of a Severe or Disabling Chronic Conditions Specialized Needs Individual

This legislation requires the Secretary to convene a panel of clinical advisors no later than December 31, 2020 to establish a list of conditions that would qualify a Medicare beneficiary for C-SNP enrollment. The list of conditions shall be established and updated every 5 years and meet each of the following criteria: (1) meet the definition of a severe and disabling chronic condition as established by the panel on or after January 1, 2022; and (2) require prescription drugs, providers, and models of care that are unique to the specific population of enrollees in the C-SNP on or after January 1, 2022. Chronic conditions considered by the panel must be:

- Proven to have better health outcomes and reduced expenditures as a result of enrollment in such C-SNP for those individual chronic conditions, or
- Have a low prevalence in the general population or a disproportionally high per-beneficiary cost.

GAO Study on Health Outcomes of Individuals Enrolled in Specialized MA Plans

Three years after the date of enactment, the Comptroller General of the United States (Comptroller General) is required to conduct a study and submit to Congress a report on the extent to which health outcomes can be compared across SNPs and traditional MA plans.

Quality Measurement at the Plan Level for SNPs and Determination of Feasibility of Quality Measurement at the Plan Level for all Medicare Advantage Plans

After determining feasibility, the Secretary may require reporting of quality data and apply star rating measures at the plan level, rather than the contract level. Prior to application the Secretary shall take into consideration: (1) the minimum number of enrollees to determine if a statistically significant or valid measurement of quality can be performed at the plan level; (2) ensure that Medicare Advantage (MA) plans are not required to provide duplicative information; and (3) ensure that such reporting does not interfere with the collection of encounter data submitted by the MA organizations or collected by the Secretary. The Secretary shall consider the use of quality measures that are currently being used to calculate star ratings and shall consider applying administrative actions, such as enrollment and payment suspensions or civil monetary penalties at the plan level rather than the contract level.

GAO Study and Report on State-Level Integration Between Dual SNPs and Medicaid

No later than two years after the date of enactment, the Comptroller General shall conduct a study on State-level integration between SNPs and the Medicaid program and produce recommendations for legislative or administrative actions to remove barriers and increase benefit integration.

Section 2: Expanding Supplemental Benefit to Meet the Needs of Chronically Ill Medicare Advantage Enrollees

Expanding Supplemental Benefits to Meet the Needs of Chronically Ill Enrollees

Starting plan year 2020, traditional MA plans and SNPs will be able to offer individualized benefits to chronically ill enrollees.

Supplemental Benefits Described

The definition of supplemental benefits is expanded to include other types of services that have a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee. These benefits may not be limited to primarily health related benefits.

Authority to Waive Uniformity Requirements
This section waives existing uniformity requirements to allow MA plans and SNPs to provide individualized supplemental benefits to chronically ill enrollees.

Chronically Ill Enrollee Defined
The term chronically ill enrollee is defined as an enrollee that the Secretary determines has: (1) one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits the overall health or function of the enrollee; (2) has a high risk of hospitalization or other adverse health outcomes; or (3) requires intensive care coordination.

GAO Study and Report
No later than five years after the date of enactment, the Comptroller General shall submit to Congress a report on types and utilization of supplemental benefits provided to MA and SNP enrollees.